PTO/SB/06 (08-03)

Approved for use through 7/31/2006. GMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875   |                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |              |                   |                                     |                  |    |                        |                        | Application or Docket Number |                            |                        |  |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------|-------------------|-------------------------------------|------------------|----|------------------------|------------------------|------------------------------|----------------------------|------------------------|--|
| CLAIMS AS FILED PART I (Column 1) (Colum                                  |                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |              |                   |                                     | olumn 2)         |    | SMALL                  | ENTITY                 | OR                           | OTHER THAN<br>SMALL ENTITY |                        |  |
|                                                                           | FOR                                                                                                                                                                                                                                                                                                                                                                                                         |                                    | NUMBER FILE  |                   | NUMBER EXTRA                        |                  |    | RATE                   | FEE                    |                              | RATE                       | FEE                    |  |
|                                                                           | SIC FEE<br>CFR 1.16(a))                                                                                                                                                                                                                                                                                                                                                                                     |                                    |              |                   |                                     |                  |    | <del></del>            | s                      |                              | ·                          |                        |  |
|                                                                           | TAL CLAIMS<br>CFR 1.16(c))                                                                                                                                                                                                                                                                                                                                                                                  |                                    | minus 20 = • |                   |                                     |                  | 1  |                        | <u> </u>               | OR                           | <b> </b>                   | \$                     |  |
| INC                                                                       | EPENDENT CLA                                                                                                                                                                                                                                                                                                                                                                                                | IMS                                |              |                   |                                     |                  |    | X \$=                  | <del> </del>           | OR                           | × \$=                      | <del> </del>           |  |
|                                                                           | CFR 1.16(b))                                                                                                                                                                                                                                                                                                                                                                                                |                                    | minus 3 = •  |                   |                                     | •                |    | x \$=                  | <del> </del>           | OR                           | X \$=                      |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))                         |                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |              |                   |                                     |                  | ]  | + \$=                  | ļ                      | OR                           | + \$=                      |                        |  |
| • If the difference in column 1 is less than zero, enter *0* in column 2. |                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |              |                   |                                     | 2.               |    | TOTAL                  |                        | OR '                         | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART II                                               |                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |              |                   |                                     |                  |    |                        |                        |                              |                            |                        |  |
| <u> </u>                                                                  | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |              | (C                | olumn 2)                            | (Column 3)       | 1  | SMALL ENTITY           |                        | OR                           |                            | R THAN<br>ENTITY       |  |
| AMENDMENT A                                                               |                                                                                                                                                                                                                                                                                                                                                                                                             | CLAIN<br>REMAIN<br>AFTE<br>AMENDN  | IING<br>R    | PRE               | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |    | RATE                   | ADDI-<br>TIONAL<br>FEE |                              | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                           | Total<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                                                                                                                                                   | 4                                  | 3 Minus      | "4                | B                                   | = (              | 1  | x \$ . ( )             |                        | OR                           | × \$ =                     | 7                      |  |
|                                                                           | Independent<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                                                                                                                                                             | . 4                                | Minus        | ***               | 4/                                  | =                | 11 | × \$ =                 |                        | OR -                         | x s =                      | <del>- /</del>         |  |
|                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))                                                                                                                                                                                                                                                                                                                                             |                                    |              |                   |                                     |                  | 11 | <del></del>            |                        |                              |                            |                        |  |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |              |                   |                                     |                  | J  | + \$ = TOTAL ADD'L FEE |                        | OR<br>OR                     | TOTAL<br>ADD'L FEE         |                        |  |
|                                                                           | (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                            |                                    |              |                   |                                     |                  |    |                        |                        |                              |                            |                        |  |
| AMENDMENT B                                                               |                                                                                                                                                                                                                                                                                                                                                                                                             | CLAIM<br>REMAIN<br>AFTEI<br>AMENDM | ING<br>R     | HIC<br>NU<br>PRE\ | HEST<br>MBER<br>NOUSLY<br>D FOR     | PRESENT<br>EXTRA |    | RATE                   | ADDI-<br>TIONAL<br>FEE |                              | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                           | Total<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                                                                                                                                                   |                                    | Minus        | **.               |                                     | = .              |    | X \$_ =                |                        | OR                           | x \$ =                     |                        |  |
|                                                                           | Independent<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                                                                                                                                                             |                                    | Minus        | ***               |                                     | ш                | ll | x \$ =                 |                        | OR                           | X \$=                      | ·                      |  |
|                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))                                                                                                                                                                                                                                                                                                                                             |                                    |              |                   |                                     |                  |    | +s =                   |                        | OR OR                        | +s =                       |                        |  |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |              |                   |                                     |                  | ונ | TOTAL<br>ADD'L FEE     |                        | OR                           | TOTAL                      |                        |  |
|                                                                           | •                                                                                                                                                                                                                                                                                                                                                                                                           | (Column                            | 1)           | (Co               | lumn 2)                             | (Column 3)       |    | ADDLIFEE               | l                      | OK .                         | ADD'L FEE                  |                        |  |
| AMENDMENT C                                                               |                                                                                                                                                                                                                                                                                                                                                                                                             | CLAIM                              | s i          | HIG               | HEST                                | PRESENT          | Г  |                        |                        | 1                            |                            |                        |  |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                             | AFTER<br>AMENDM                    | ₹            | PREV              | MBER<br>TOUSLY<br>D FOR             | EXTRA            |    | RATE                   | ADDI-<br>TIONAL FEE    |                              | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                           | Total<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                                                                                                                                                   | •                                  | Minus        | ••                |                                     | =                |    | x <b>s</b> =           |                        | OR                           | X. \$ =                    |                        |  |
|                                                                           | Independent<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                                                                                                                                                             | •                                  | Minus        | ***               |                                     | =                |    | × <b>s</b> =           |                        | OR                           | × \$=                      |                        |  |
| ₹                                                                         | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))                                                                                                                                                                                                                                                                                                                                             |                                    |              |                   |                                     |                  | F  | + \$ =                 |                        | OR                           | + s =                      |                        |  |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |              |                   |                                     |                  |    |                        |                        | . OR                         | TOTAL<br>ADD'L FEE         | <del></del>            |  |
| -                                                                         | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                    |              |                   |                                     |                  |    |                        |                        |                              |                            |                        |  |

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.